LA TEST #9

LA TEST #9	
FORMS INCLUDED: FORM 1040A, FORM W-2 (2)	
Form 1040A:Taxpayer's first name, initial, last name	LATEST U GRASS
Taxpayer's social security number	400-00-4313
Spouse's first name, initial, last name	MAY B GRASS
Spouse's social security number	400-00-4323
Home address (number and street)	74131 FESCUE DR
City, state, and zip	BATON ROUGE LA 70802
Taxpayer's Presidential Election Campaign Fund	YES
Filing status	MARRIED FILING JOINTLY
Line 6a: Yourself (exemption)	X
Line 6b:Spouse (exemption)	X
Number of boxes checked on 6a and 6b	2
Line 6c:Dependent #1:	
Name	TIMOTHY GRASS
Social security number	400-55-3013
Relationship	SON
Age	1
Dependent #2:	
Name	MARY GRASS
Social security number	400-55-4013
Relationship	DAUGHTER
Age	3
Dependent #3:	
Name	DAVID GRASS
Social security number	400-55-5013
Relationship	SON
Age	3
Dependent #4:	
Name	SUSAN GRASS
Social security number	400-55-6013
Relationship	DAUGHTER
Age	15
Dependent #5:	
Name	PHILIP GRASS
Social security number	400-55-7013
Relationship	SON
Age	15
Dependent #6:	
Name	ANGELA GRASS
Social security number	400-55-8013
Relationship	DAUGHTER
Age	15
Number of children who lived with you	6
Line 6d:Total number of exemptions claimed	8
Line 7: Wages, salaries, and tips	42000
Line 12b: Pensions and Annuities	4000
Line 13: Unemployment compensation	1650
Line 15:Total income	47650
Line 18: Student loan interest deduction	1200
Line 20:Total adjustments	1200
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Line 21: Adjusted gross income	404.30
Line 21: Adjusted gross income Line 22:Enter amount from line 21	46450 46450
Line 22:Enter amount from line 21	46450 46450 X
Line 22:Enter amount from line 21 Line 23a:You are blind	46450 X
Line 22:Enter amount from line 21 Line 23a:You are blind Total boxes checked	46450 X 1
Line 22:Enter amount from line 21 Line 23a:You are blind Total boxes checked Line 24:Standard deduction	46450 X
Line 22:Enter amount from line 21 Line 23a:You are blind Total boxes checked	46450 X 1
Line 22:Enter amount from line 21 Line 23a:You are blind Total boxes checked Line 24:Standard deduction LA TEST #9	46450 X 1 11300
Line 22:Enter amount from line 21 Line 23a:You are blind Total boxes checked Line 24:Standard deduction LA TEST #9 Line 25:Subtract line 24 from line 22	46450 X 1 11300
Line 22:Enter amount from line 21 Line 23a:You are blind Total boxes checked Line 24:Standard deduction LA TEST #9	46450 X 1 11300

Line 28:Tax	878	
Line 29:Credit for child and dependent care expenses	448	
Line 31:Education credits	430	
Line 34:Total credits	878	
Line 35:Subtract line 35 from line	0	
Line 37:Total tax	0	
Line 38:Federal income tax withheld	1490	
Line 41:Additional child tax credit	4605	
Line 43:Total payments	6095	
Line 44:Overpaid	6095	
Line 45a:Amount refunded	6095	
Line 45b:Routing number	253174576	
Line 45c:Account type	SAVINGS	
Line 45d:Account number	06542153	
Third party designee:	YES	
Designee's name	JOHN DOE	
Designee's phone number	888-555-1111	
Designee's personal identification number (PIN)	11112	
Taxpayer's occupation:	CONSULTANT	
Spouse's occupation:	SALESPERSON	
F0DMW 4 #4		
FORM W-1 #1:	72 007 (5.42	
Box b:Employer identification number	72-9876543	
Box c:Employer's name, address, and zip code	LAST JOB INC	
	97 WHEATLEY AVE	
Day 4: Francisco de casial accomita accomita	SAINT THOMAS VI 00802	
Box d:Employee's social security number	400-00-4313	
Box e:Employee's first name, initial, and last name	LATEST U GRASS	
Box f:Employee's address and zip code	74131 FESCUE DR	
D. 1.W C	BATON ROUGE, LA 70802	
Box 1:Wages, tips, other compensation	24500	
Box 2:Federal income tax withheld	900	
Box 3:Social security wages	24500	
Box 4:Social security tax withheld	1519	
Box 5:Medicare wages and tips	24500 355	
Box 6:Medicare tax withheld		
Box 10:Dependent care benefit Poy 15:State A Employer's state ID number	1000	
Box 15:StateLAEmployer's state ID number		
Doy 16. State mages time etc	4028881001	
Box 16:State wages, tips, etc Box 17:State income tax	4028881001 24500 1715	

LA TEST #9

FORM W-2 #2:

Box b:Employer identification number Box c:Employer's name, address, and zip code 72-5689124 SNODGRASS FEED AND SEED 1 PLANTATION ST BATON ROUGE LA 70802 400-00-4323

Box d:Employee's social security number

Box e:Employee's first name, initial, and last name	MAY B GRASS	
Box f:Employee's address and zip code	74131 FESCUE DR	
	Baton Rouge, LA 70802	
Box 1:Wages, tips, other compensation	17500	
Box 2:Federal income tax withheld	550	
Box 3:Social security wages	17500	
Box 4:Social security tax withheld	1085	
Box 5:Medicare wages and tips	17500	
Box 6:Medicare tax withheld	254	
Box 15:StateLAEmployer's state ID number	4023456001	
Box 16:State wages, tips, etc	17500	
Box 17:State Income Tax	10	

LA TEST #9

Form 1099-G:

Payer's name, street address, city, state, and zip U S DEPARTMENT OF THE TREASURY

PO BOX 8903

BLOOMINGTON, IL 61702

Payer's federal identification number72-4556551Recipient's identification number400-00-4313Recipient's nameLATEST U GRASSRecipient's street address74131 FESCUE DRRecipient's city, state, and zipBaton Rouge, LA 70802Box 1:Unemployment Compensation11650

Box 2:State or local income tax refunds, credits or offsets

Box 3:Box 2 amount is for tax year2006Box 4:Federal income tax withheld0Box 5:ATAA payments0Box 6:Taxable Grants0Box 7:Agriculture Payments0

Box 8:Check if box 2 is trade or business income

LA TEST #9

Form 1099-R 0

3RETIREMENT DATE (092005)

Payer's name, street address, city, state, and zip LOUISIANA TEACHERS RETIREMENT

123 SOMEWHERE ST BATON ROUGE LA 70808

Payer's federal identification number 72-9081728

Recipient's identification number 400-00-4313
Recipient's name LATEST U GRASS
Recipient's street address 74131 FESCUE DRIVE
Recipient's city, state, and zip Baton Rouge, LA 70802

Box 1:Gross Distribution 4000 Box 2a:Taxable amount 4000

Box 2b:Taxable amount not determined Total distribution Box 3:Capital gain (included in box 2a) Box 4:Federal income tax withheld Box 5:Employee contributions Box 6:Net unrealized appreciation in securities	40
Box 7:Distribution code 7 Box 8:Other Box 9a:Percentage of total distribution	IRA/SEP/SIMPLE
Box 9b:Total employee contributions Box 10:State tax withheld Box 11:State/payer's state number	0 LA 3302888001
LA TEST #9 2006 RESIDENT RETURN NAME CHANGE BOX DECENDANT FILING BOX DECENDANT SPOUSE FILING BOX ADDRESS CHANGE BOX	
SOCIAL SECURITY NUMBER SOCIAL SECURITY NUMBER SPOUSE	400-00-4313 400-00-4323
NAME SPOUSE NAME	LATEST U GRASS MAY B GRASS
PRESENT ADDRESS	74131 FESCUE DRIVE
CITY STATE ZIP	BATON ROUGE LA 70802
FILING STATUS EXEMPTIONS:	MFJ 6
TOTAL EXEMPTIONS	9
7 FEDERAL AUDJUSTED GROSS INCOME	38650
8 LESS FEDERAL INCOME TAX 9 YOUR LOUISIANA TAX TABLE INCOME	0 38650
10 YOUR LOUISIANA INCOME TAX	705
11 FEDERAL CHILD CARE CREDIT 11A OTHER NON REFUNDABLE TAX CREDITS	448 575
11B AMT OF NONREFUNDABLE LA CHILD CARE CREDIT	6
Louisiana Child Care Credit carry forward to 2006	6 (Info only)
11C 2006 Nonrefundable Louisiana Child Care Credit 11D TOTAL NONREFUNDABLE TAX CREDITS	45 626
12 Adjusted Louisiana Income Tax	79
14 TOTAL INCOME TAX AND CONSUMER USE TAX	79
15C AMOUNT OF TAX WITHHELD FOR 2006 15D AMT OF CREDIT CARRIED FORWARD FROM 2005	1725 300
15H TOTAL REFUNDABLE CREDITS AND PAYMENTS	2025
16 OVERPAYMENT 17A CONTR TO MILITARY FAMILY ASSITANCE FUND	1946
17B AMOUNT TO DONATE TO VARIOUS CHARITIES	100 125
17C AMOUNT OF LINE 16 YOU WISH TO CONTRIBUTE	500
TO THE START PROGRAM 18 SUBTOTAL	725
19 AMOUNT TO BE REFUNDED	1221
LA TEST # 9 2005 ADJUSTMENTS TO INCOME	
SCHEDULE E	12150
1 FEDERAL ADJUSTED GROSS INCOME 2A RECAPTURE OF START CONTRIBUTIONS	46450 1000
3 TOTAL	47450
4C LA STATE TEACHERS RETIREMENT BENEFITS Date Retired 09/2005	4000

4I START SAVINGS PROGRAM CONTRIBUTION 4K TOTAL 4M NONTAXABLE INCOME 5A LOUISIANA ADJUSTED GROSS INCOME BEFORE IRO 5C LOUISANA ADJUSTED GROSS INCOME	C	4800 8800 8800 38650 38650
LA TEST # 9 2006 DONATION SCHEDULE 1 WILDLIFE HABITAT AND NATURAL HERITAGE TRUS 2 LOUSIANA CANCER TRUST FUND – PROSTATE CANC 3 LOUISIANA ANIMAL WELFARE COMMISSION 4 LOUISIANA HOUSING TRUST FUND 5 COMMUNITY BASED PRIMARY HEALTH CARE FUND	EER	25 25 25 25 25 25
6 TOTAL DONATIONS		125
SCHEDULE G 2005 NONREFUNDABLE TAX CREDITS 2A YOURSELF -		BLIND
2C DEPENDENT – 2C LIST DEPENDENT NAME(S) HERE 2D DEPENDENT TOTAL NUMBER OF QUALIFYING DEPENDENT	DEAF LOL M MARY, DAVID, SUSA	
2D PRINT TOTAL NUMBER OF QUALIFYING DEPENDEN 2E MULTIPLY 1D BY \$100 AND PRINT RESULT HERE 5 EDUCATION CREDIT 11 TOTAL NONREFUNDABLE TAX CREDITS		500 75 575